RECEIVED CENTRAL FAX CENTER

NOV 1 6 2005

		Application Number	10/768,406							
TRANSMITTA	Filing Date	January 30,	2004							
	First Named Inventor	Paul Brent	Paul Brent Rivers							
FORM (to be used for all correspondence after initial filing)		Art Unit	3632							
		Examiner Name	Kimberly W	Kimberly Wood BS030571						
Total Number of Pages in This Submission:	Attorney Docket Number	BS030571								
	ENCL OS	SURFS								
ENCLOSURES (Check all that apply)										
 ✓ Fee Transmittal Form ✓ Fee Attached ✓ Amendment/Reply ☐ Affidavits/declaration(s) ✓ Extension of Time Request ☐ Express Abandonment Request ☐ Information Disclosure Statement ☐ Certified Copy of Priority Document(s) ☐ Response to Missing Parts/Incomplete Application ☐ Response to Missing Parts under 37 ☐ CFR 1.52 or 1.53 	Drawing(s) Licensing-related Partition Petition to Convert to Application Power of Attorney, R Change of corresponder Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks:	a Provisional evocation ndence Address	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Credit Card Payment for Two (2) Month Extension of Time							
SIGNA	TURE OF APPLICAN	T ATTORNEY OR	GENT							
Name (Print/Type)	Bambi Faivre Walters		Reg. No.:	45,197						
Signature	50-2- C		<u> </u>							
Date	November 16, 2005									
	ERTIFICATE OF TRA	NSMISSION / MAIL II	NG .							
I hamby cortify that this correspondence is	being facsimile transmit	ted to the USPTO or de	posited with	the United States Postal						
Service with sufficient postage as first class VA 22313-1450 on the date shown below.	s mail in an envelop e ad	dressed to: Commission	ner For Pale	IIIS, PO BOX 1450, Alexandria,						
Name (Print/Type)	Bambi Faivre Walters		Date	November 16, 2005						
Signature	Sli dri	Wilten								

FEE TRANSMITTAL			Application Num	ber	10/768,406	RE(SEIVED				
			Filing Date		January 30,	2005 CENTRAL	FAX CENTER				
for FY 2005				First Named Inv	entor	Paul Brent F					
IUI F I ZUUJ				Examiner Name		Kimberly T.	Wood NOV	1 6 2005			
☐ Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3632						
				Attorney Docket	No.	BS030571					
TOTAL AMO	DUNT OF PAYME	ENT	\$450.00	•							
METHOD OF PAYM					_						
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other											
☐ Deposit Account Deposit Account No. 19-2167 Deposit Account Name:											
The Director is authorized to: (check all that apply)											
Charge fee(s) indic	cated below						s) indicated below, exce	pt for the filing fee			
Charge any addition		M	Credit any ov	verpayments							
				CALCULATION			·				
1. BASIC FILING, SE	EARCH, AND EXA	MINATION FE	ES					• •			
	FILING	FEES	SE	ARCH FEES		EXAM	IINATION FEES				
Application Type E	ee (\$)	Small Entity F	ee Fee (\$)	Small Entity	<u> Fee Fe</u>	e (\$)	Small Entity Fee	Fees Paid (\$)			
		(\$)		(\$) 250	~~	'n	<u>(\$)</u> 100	•			
Utility 3	600	150	500	250	20						
Design 2	200	100	100	50	13		65				
Plant 2	200	100	300	150	16	-	80				
Reissue 3	100	150	500	250	60	Ю	300				
Provisional 2	200	100	0	0	0		0				
2. EXCESS CLAIM F	EES						_ ,				
Fee Description							Fee (\$)	Small Enty Fee (\$)			
Each claim over 20 (Including Reissues)							50	25 ·			
Each Independent claim over 3 (including Reissues)							200	100			
Multiple dependent de							360	180			
Total Claims		Extra Claims	Fee(\$)	Fee Paid (<u>s)</u>		Multiple Depende				
	- 20 or HP =		x	=			Fee (\$)	Fee Paid (\$)			
HP≖highest number o	i indoponadout elekt	ne naid for H a	reater than 3								
nr=nignest number o	и иноеренови скал	e par rui, ii g	iogei maio.		•						
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)						
	-3 or HP =		x	=							
HP=highest number of	findependent clain	ns paid for, if g	reater than 3								
3. APPLICATION SE	ZE FEE										
If the specification and d	trawings exceed 100	sheets of paper	(excluding electronically to the most Sec. 25.11.6.0)	filed sequence or or	omputer listing	s under 37 CI	FR 1.52(e)), the application	size fee due is \$250.00			
_ ·	r each additional 50 s	eneets or traction Extra Sheets	thereof. See 35 U.S.C.	. – 1/8)(1)(G) (3)(5)	OF N 1.10(3).		Fee (\$)	Fee Pald (\$)			
Total Sheets	- 100 =	EVIIO CIIIOQID	! / 50	(rol	ınd up) x		=				
4. OTHER FEE(S)			,		• •			Fee Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing			xtension of Time Fee					\$450.00			
SUBMITTED BY:							Complete (if applicable				
Name (PrintType)	Bembi F. Walte	rs	Registration No (Attorney/Agent		45,197		Telephone:	(757) 253-5729			
	60.	- Wh	44		Doda:	Name	mher 18 2505				
Signature	1000	T WI	-4		Date	INOABI	mber 16, 2005				